

Living Arrangements Example

The story...

Today's date is January 11, 2010.

Bob Test-Client is a new client in our Full Service Partnership program.

We've actually been talking to Bob Test-Client for a couple of weeks, but we have not yet billed for MHSA services. We've been seeing Mr. Test-Client under Outreach and Engagement and billing for our time using the Community Outreach Services or COS Form. Last week we sent in the paperwork to DMH to authorize Bob Test-Client for FSP services, and it just came back with 1/09/10 as the Authorization Date.



We're ready to open our episode, create a Baseline Assessment, and provide services...and that means it's time to figure Bob Test-Client's Living Arrangements for the past 365 nights!

First, we need to determine his Partnership Date. Since we got County Authorization two days ago (1/09/10), that is the earliest date we can bill for mental health services under MHSA-FSP in the Integrated System. Since we went out to see him for his first FSP services today, the client is no longer in outreach and engagement, and the client is officially starting the program today, so 1/11/10 is Bob Test-Client's Partnership Date.

We are going to track his living arrangements for the last 365 nights, so we have to go all the way back to 1/11/09. The best way to keep track of the date range is to write it right on top of the form: we're going to track his living arrangements from 1/11/09 to 1/10/10 (that's last night). We will also mark off his location tonight (we happened to help him get into a Group Living home for this evening).

After talking with Bob, here's what we've found out about last year:

| | From | To | Number of Days | Yesterday | Tonight |
|---------------------------------|-------------|-----------|-----------------------|------------------|----------------|
| 1. Lives with Family/ Relatives | 1/11/09- | 3/26/09 | 75 | | |
| 2. Acute Psychiatric Hospital | 3/27/09- | 3/29/09 | 3 | | |
| 3. Temporary Housing | 3/30/09- | 4/21/09 | 23 | | |
| 4. Alcohol Abuse Residential | 4/22/09- | 9/23/09 | 155 | | |
| 5. Acute Psychiatric Hospital | 9/24/09- | 10/1/09 | 8 | | |
| 6. Homeless | 10/2/09- | 1/09/10 | 100 | | |
| 7. Emergency Shelter | 1/10/10- | 1/10/10 | 1 | X | |
| 8. Group Living Home | | | | | X |

And we also found out that three years ago, he spent some time in jail. Before that, he was in the hospital for a car accident (check out the "Prior to the Last 12 Months" column on the next page). And here's what that looks like on our OMA Baseline...

DATE RANGE = 1/11/09 to 1/10/10

I write the date range here to keep track!

The question is: Where was the client at 11:59 PM? That's the rule to use.

| LIVING ARRANGEMENTS | | | | | | | | |
|--|---------|---------|---------------------------------------|--|---|----------------|--|--|
| | FROM | TO | TONIGHT (check one in this column) | YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column) | DURING THE PAST 12 MONTHS indicate the TOTAL: | | PRIOR TO THE LAST 12 MONTHS (check all that apply) | |
| | | | | | Number of Occurrences | Number of Days | | |
| GENERAL LIVING ARRANGEMENT | | | | | | | | |
| With adult family members other than parents (non foster care) | 1/11/09 | 3/26/09 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 75 | <input checked="" type="checkbox"/> | |
| In an apartment or house alone / with spouse / partner / family | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | | |
| Single Room Occupancy (SRO) (must hold lease) | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | | |
| SHELTER / HOMELESS | | | | | | | | |
| Emergency Shelter | 1/10/10 | 1/10/10 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1 | 1 | <input type="checkbox"/> | |
| Homeless (includes people living in their cars) | 10/2/09 | 1/9/10 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 100 | <input checked="" type="checkbox"/> | |
| Temporary Housing (includes people living with friends but paying no rent) | 3/30/09 | 4/21/09 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 23 | <input type="checkbox"/> | |
| HOSPITAL | | | | | | | | |
| Acute Medical Hospital | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input checked="" type="checkbox"/> | |
| Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) | 3/27/09 | 3/29/09 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 3 | <input type="checkbox"/> | |
| State Psychiatric Hospital | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| RESIDENTIAL PROGRAM | | | | | | | | |
| Alcohol or Substance Abuse Residential Rehabilitation Center | 4/22/09 | 9/23/09 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 155 | <input type="checkbox"/> | |
| Crisis Residential Housing | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Group Living Home | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Institution for Mental Disease (IMD) | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Long-term Residential Care | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Mental Health Residential Program | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Skilled Nursing Facility | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| Transitional Housing | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |
| JUSTICE PLACEMENT | | | | | | | | |
| Jail | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input checked="" type="checkbox"/> | |
| Prison | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> | |

Notice how none of the dates overlap?

Here's where he was yesterday (1/10/10)

We got Bob Test-Client into a Group Living Home, so tonight is checked here and no date is listed.

3 years ago, he spent some time in jail...so there are no dates on this line, but the last box on Jail is checked. Same thing with "Acute Medical Hospital"

| | | | |
|--------|------------------|------------|---------|
| Name | Test Client, Bob | IS# | 1234567 |
| Agency | Altacadia | Provider # | 197A |

Los Angeles County - Department of Mental Health

APPLICATION FORM - ADULT BASELINE

| LIVING ARRANGEMENTS <i>continued</i> | | | | | | | |
|--------------------------------------|---------|----------|---------------------------------------|--|---|----------------|---|
| RESIDENTIAL TYPE | FROM | TO | TONIGHT (check one in this column) | YESTERDAY (as of 11:59 PM the day BEFORE partnership began) (check one in this column) | DURING THE PAST 12 MONTHS indicate the TOTAL: | | PRIOR TO THE LAST 12 MONTHS (check all that apply) |
| | | | | | Number of Occurrences | Number of Days | |
| Acute Psychiatric Hospital | 9/24/09 | 10/01/09 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 8 | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | 1 | | <input type="checkbox"/> |

For hospitalizations, remember that clients are discharged during the day...so this probably reads "9/24 to 10/2" in the Integrated System, but he won't be in the hospital the night of 10/2/09... 10/1/09 was the last NIGHT he spent there.

When you count dates, it is inclusive...you count the first and last date (as in this example). The "# of occurrences" is ALWAYS only "1"

This is the "extra" or overflow page: if you have more than one instance of a living arrangement, you can use this page. Write in the type of the Living Arrangement, and the rest works the same as the first page.

Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Name Test Client, Bob IS# 1234567
 Agency Arcadia Provider # 1917A
 Los Angeles County - Department of Mental Health